



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009333</b> 1. Entity Name <b>STUART CONGREGATIONAL UNITED CHURCH OF CHRIST FOUNDATION, INC.</b>	
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Principal Place of Business <b>3110 S.E. ASTER LANE STUART, FL 34994</b>	Mailing Address <b>3110 S.E. ASTER LANE STUART, FL 34994</b>
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**DO NOT WRITE IN THIS SPACE**

	
02082007 No Chg-NP CR2E037 (4/06)	
4. FEI Number <b>20-1515957</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>HASE, RANDALL W 3110 S.E. ASTER LANE STUART, FL 34994</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACMANNIS, KEN 6198 SE BLACK OAK LN STUART, FL 349976379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIN, DAVID 579 NE PLANTATION RD-S306 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRACUZZI, CHARLES 3201 SE COURT DRIVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLER, RAY 770 SW BITTERN ST PALM CITY, FL 349904018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, RICHARD 6925 SE HARBOR CIRCLE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASE, RANDALL W DIR 1821 SW WILLOWBEND LANE PALM CITY, FL 34990

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>J. Charles Stracuzzi, Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>J. CHARLES STRACUZZI</b>	<b>FEB - 6 2007</b> Date	<b>223-5597</b> Daytime Phone #
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